



Department of Medicaid

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TO: Contracted Medicaid Managed Care Organizations
Contracted OhioRISE Plan

FROM: Jim Tassie, Deputy Director
Office of Managed Care

DATE: December 14, 2022

SUBJECT: Rendering Provider on FFS and MCE Professional Claims Submissions (non-MyCare)

The Ohio Department of Medicaid (ODM) is providing additional clarification relevant to EDI-related claims submissions on February 1 and later concerning rendering providers. **ODM will require one rendering provider per claim at the header level, rather than the detail level, for professional claims** for both fee-for-service (FFS) and managed care recipients to ensure claims can be properly priced and paid. Examples of claims submissions with the rendering practitioner are as follows:

- A client receives one service during the visit. The rendering practitioner's NPI is recorded in the header field on the claim. The service is recorded at the detail level on the claim without the rendering practitioner's NPI.
- A client receives multiple services from the same rendering practitioner during the visit. The rendering practitioner's NPI is recorded in the header field on the claim. Each service is recorded at a separate detail level without a rendering practitioner NPI.
- The client receives multiple services, each from a different rendering practitioner during the visit. The billing provider must create separate claims for each service provided by each rendering practitioner during the visit. Each claim must record the rendering practitioner NPI at the header level on each claim, and the service they rendered to the client is recorded at the detail level.

There is one exception to this rule for services provided by FFS Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) providers. FQHC/RHC claims submitted to ODM for payment may include multiple rendering providers at the detail level because ODM pays FQHC/RHC providers based on an encounter. In these specific scenarios, multiple rendering providers on a claim will not cause a pricing/paying issue because the rendering providers are not utilized in determining payment for FFS FQHC/RHC wraparound claims. For additional guidance related to FQHC/RHC providers, please review the Medicaid Advisory Letter located here: [Medicaid Advisory Letter 622](#).